

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WRU N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw.

N. B. McCaw, of Columbia.

# (1) PLACE OF BIRTH County of Abbeville Township of Abbeville or Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.) Registration District No. 100 Registered No. 1 (For use of Local Registrar) St.; ..... Ward

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

10

(2) Full Name of Child Jermiah Murrell Price

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? M(4) Twin or Triplet? 0(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 24

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Otho Price(9) PRESENT POSTOFFICE OF FATHER Abbeville R.F.D.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Sophia Cochran(15) PRESENT POSTOFFICE OF MOTHER Abbeville R.F.D.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Abbeville Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Otho Price(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 4 1915 (28) Price Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

LOCAL REGISTRAR

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